

Foster Family Home - Corrective Action Report

Provider ID: 1-562513

Home Name: Carina Aguilar, CNA

Review ID: 1-562513-7

94-1356 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/18/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/18/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/18/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- Current Ecrim renewed on 9/26/19 was expired on 2/13/19 for CG#4.

8.(a)(2)- Current APS/CAN renewed 10/9/19 was expired on 6/13/18 for CG#3 and for CG#4 current APS/CAN renewed on 10/9/19 was expired on 6/30/18.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

11/18/19

Date


11/18/19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Carina Karen Aguilar
CCFFH Address: 94-1356 Waipahu St. Waipahu HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(1) (2)	I showed CTA Compliance manager during home visit the Exam for CG #4. and the APS/CAN for CG #3 and #4 in my home binder.	11/18/19	CG #1 learned how to use an iPhone calendar from a family member to input all due dates 2 months in advance to prevent future lapse.

Primary Caregiver's Signature: 

Print Name: CARINA KAREN AGUILAR Date of Signature: 11/18/19